

RCoA response to the consultation on the White Paper: *Services fit for the future*

We are pleased to have the opportunity to provide evidence to the Welsh Government's Consultation on the White Paper: *Services fit for the future*. As the single largest hospital specialty, anaesthesia plays a prominent role in secondary care, facilitating service delivery throughout the health and social care system.

Our submission outlines our broad support for the aims of the White Paper, however we suggest that greater emphasis must be placed on clinical engagement to inform decision making. A commitment to undertaking thorough impact assessment with respect to patient safety and the quality of care must also inform any decision about service re-design.

If you have any questions regarding our submission please contact Dr Abrie Theron, Chair of the Welsh Board of the RCoA, at Abraham.Theron@wales.nhs.uk.

About the Royal College of Anaesthetists

- 16% of all hospital consultants are anaesthetists making anaesthesia the single largest hospital specialty in the UK^{1,2,3}
- Anaesthetists play a critical role in the care of two-thirds of all hospital patients⁴ and 99 per cent of patients would recommend their hospital's anaesthesia service to family and friends⁵
- With a combined membership of over 22,000 fellows and members, representing the three specialties of anaesthesia, intensive care and pain medicine, we are the third largest Medical Royal College by UK membership.

General comments: While the Ministerial foreword to the consultation alludes to the challenges of a changing demographic with longer life expectancy and the impact of preventable risk factors, which influence comorbidities, the consultation does not address this directly nor the resource pressures which – in part – inform the need for this White Paper.

An October 2016 report from the Health Foundation⁶ found that maintaining the current range and quality of services would see spending rise from £6.5bn in 2015/16 to £10.4bn in 2030/31 (in 2016/17 prices) if no efficiency growth is achieved over the period.

Sustainability of the NHS is intertwined with sustainability of other public services, crucially social care. Demands on adult social care are projected to rise faster than demand for NHS care; an average of 4.1% a year through to 2030/31.⁷ With past trends indicating that social care funding is unlikely to rise at the same rate, there is a real risk that the level of unmet health and social care need in Wales could further increase.

The challenge of ensuring sustainability of the health and social care system in Wales are not strictly limited to financial pressures. For example the 2016 survey of NHS staff in Wales revealed that 46 per cent of staff felt they could not meet all the conflicting demands on their time and 30 per cent stated that there was not enough staff for them to do their job properly.⁸

Chapter 1: Effective Governance

1.1. Board Membership and Composition

The Welsh Government believes that the Boards of both health boards and NHS trusts should share some core key principles which are outlined including delivering in partnership to deliver person centred care and a strong governance framework to enable the Board to work effectively and meet its responsibilities.

All Boards should have Vice Chairs in order to support focussed and skilled leadership. The Welsh Government also believes that Ministers should have the authority to appoint additional Board members on time limited appointments if an NHS Health Board/Trust is under performing or under escalation procedures in accordance with the NHS Wales Escalation and Intervention arrangements.

The Welsh Government believes that Board Executive Officer membership for local health boards should probably include some key positions which are consistent across local health boards but also allow some flexibility to appoint based on remit and priorities.

Do you agree with these proposals?

Response: We broadly agree with the proposals. However, it is extremely important that Boards are made up of high calibre individuals who are selected on a considered and equitable basis – notwithstanding the provisions of the NHS Wales Escalation and Intervention arrangements. Thought needs to be given to who is likely to apply for these roles and the assessment process for their appointment, to ensure all appointments would be beneficial to the functioning of the Board.

Regarding the 'Core Key Principles for all NHS organisations', we would welcome further clarity on the procedures and safeguards to ensure that a Board (or any NHS organisation) will be able to attract suitable individuals as "public members".

We would also welcome further information about the contingencies which will be put in place should a Board not be able to identify and appoint a majority of suitable "public members", to ensure that important decisions can continue to be made.

What further issues would you want us to take into account in firming up these proposals?

Response: It will be important to ensure clinical memberships on all Boards as we do not believe the proviso for the involvement of senior management, below the level of Executive Director, will guarantee sufficient clinical representation.

We believe that the following *Core Key Principle* should be introduced: 'Each organisation will ensure that mechanisms for consultation with essential medical professionals will be in place, underpinned by written process and guidance'.

1.2. Board Secretary

In order to deliver on the key principles outlined the Welsh Government believes that the role of Board Secretary should be placed on a statutory basis and have statutory protection to allow the role to be independent with safeguards in place to challenge the Chief Executive of an NHS organisation or the Board more widely.

Do you agree with these proposals?

Response: Yes we support the proposal for the role of the Board Secretary to be placed on a statutory basis, with statutory protection to ensure the required independence of the role.

What further issues would you want us to take into account in firming up these proposals?

Response: While we acknowledge that the White Paper addresses this issue, finding the right person to fill the position may be challenging, particularly following the 2014 report , 'Overview of Governance Arrangements at Betsi Cadwaladr University Health Board', which raised issues in relation to the role's considerable conflict of priorities.

Chapter 2: Duties to Promote Cultural Change

2.1. Duty of Quality for the Population of Wales

The Welsh Government believes that the duty of quality should be updated and enhanced to better reflect our integrated system. This duty should be sufficiently wide in scope to facilitate the needs of the population of Wales to facilitate and enable collaborative, regional and all-Wales solutions to service design and delivery.

NHS bodies should also be placed under a reciprocal duty with local authorities to co-operate and work in partnership to improve the quality of services provided.

Welsh Government also believes that strengthening the existing planning duty will make sure health boards work together on the needs of the population of Wales in the planning and delivery of quality healthcare services.

Do you agree with these proposals?

Response: Yes, we encourage and support any proposals which facilitate Local Health Boards' vision beyond their own boundaries to improve the health of the entire population of Wales.

What further issues would you want us to take into account in firming up these proposals?

Response: We support the principle that there should be no legislative barrier to regional or all-Wales solutions, which can deliver a greater benefit to more people.

2.2. Duty of Candour

The Welsh Government believes that the development of a statutory duty of candour across health and social services in Wales would consolidate existing duties and be in the interests of a person centred system.

Do you support this proposal?

Response: Yes, we support the proposal for a statutory duty of candour which, as is the case in Scotland, applies to all health and care services, including GPs dentists and pharmacists.

What further issues would you want us to take into account in firming up this proposal?

Response: All doctors should be open, transparent and honest and we support the proposal to put this principle in statute. However, it will be vital to ensure that the introduction of statutory powers does not undermine the development of no-blame learning culture which prioritises the safety of patients and the training of staff.

Chapter 3: Person-Centred Health and Care

3.1. Setting and Meeting Common Standards

The Welsh Government believes there should be a common set of high level standards applied to health and social care and that the standards should apply regardless of the location of care.

Do you support this proposal?

Response: Yes, to some degree. The use of common standards, applicable across all areas, is a logical and sensible move which should facilitate the continuity of quality care being delivered.

However, it should be recognised that there are circumstances in which variation is acceptable and may reflect a particular demographic, financial or clinical situation.

There is a distinction between the proposal for common standards to 'provide a framework for continuous improvement in the overall quality of care people receive' - which we fully support - and common standards to 'provide a common set of requirements' - which could (unintentionally) limit the ability to adapt to provide care which reflects acceptable variation.

What further issues would you want us to take into account in firming up this proposal?

Response: We have no further issues to raise.

3.2. Joint Investigation of Health and Social Care Complaints

The Welsh Government believes that requiring different organisations to work together to investigate complaints will make it easier for people to complain when their complaint is about both health and social services. We also believe it will encourage organisations to learn lessons to improve their services.

Do you support this proposal?

Response: Not completely. While it would be desirable to ensure the complaints system crossed boundaries easily and was simple for the patient, care needs to be taken to ensure that such a system doesn't result in long delays in responding to a simple complaint due to a larger number of people being involved, working across multiple locations. Complaints may still get 'lost' in a more cumbersome system.

What further issues would you want us to take into account in firming up this proposal?

Response: In an environment where resources are sparse, care should be taken to ensure that this will not cost more and create an avoidable drain on health and social care services. These changes should be at the worst cost neutral, but to be considered a full success the proposals should lead to some reduction in the use of resources. If these obstacles can be overcome then the proposals are desirable.

Chapter 4: Effective Citizen Voice, Co-production and Clear Inspection

4.1. Representing the Citizen in Health and Social Care

The Welsh Government believes that local health and social care organisations should be working with the public to co-design and co-create services and that the way they do this needs to be independently monitored. We propose replacing the current statutory CHCs and their functions with a new national arrangement to represent the citizen voice in health and social care, to advise and provide independent assurance. The new body will work alongside Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales and have autonomy to decide how it will operate at local level.

Do you support this proposal?

Response: The RCoA fully supports the involvement of patients and the public in the co-creation, development and design of services. However, we believe that these proposed changes do not guarantee that patients and the public will engage to a greater extent than at present. The proposal could therefore create similar issues of delayed decision-making as described in relation to existing Community Health Councils (CHCs).

The positioning of the new body alongside Healthcare Inspectorate Wales (HIW) and the Care and Social Services Inspectorate for Wales (CSSIW), working dependently only when required, could be beneficial.

Can you see any practical difficulties with these suggestions?

Response: These roles are best fulfilled by individuals with a reasonable understanding of health and social care provision. If this is not the case, public / patient expectations can be unrealistic, demanding every type of service 'on the doorstep', whilst expecting the standard that only a larger regional service is able to provide.

With consideration to the geography of Wales - and the pattern of population density - there is a risk that public / patient representatives are in favour of centralisation and specialisation of services as long it is local to those representatives, whilst opposing any change which involves travelling a greater distance to access a service.

Ensuring a diversity of representation which reflects all areas of the country is vital; even though this may not reflect a proportional representation of the population, owing to the factor of population density noted earlier.

4.2. Co-producing Plans and Services with Citizens

The Welsh Government believes that introducing an independent mechanism to provide clinical advice on substantial service change decisions, with advice from the proposed new citizen voice body, will encourage continuous engagement and increase the pace of strategic change through enabling a more evidence-based, transparent process and a more directive and guiding role on the part of Welsh Government.

Do you agree with this proposal?

Response: The difficulties in service change are well recognised. Currently any number of bodies / groups appear to be able to derail a logical, evidence-based service change, and often no change can occur because there may be one group who can see some disadvantage to them

despite the proposal being overwhelmingly beneficial. Therefore, while this proposal is welcomed we believe that these new mechanisms should be piloted on a small scale prior to full adoption / legislative change.

What further issues would you want us to take into account in firming up this proposal?

Response: Although public / patient input on proposed changes is very important - as outlined above - bold decisions from elected politicians can be essential when informed by independent clinical advice which reflects the limited resources available. We support decisions informed by public / patient input and clinical expertise; not public opinion which could deter Ministers from making difficult but necessary decisions.

4.3. Inspection and Regulation

The Welsh Government believes that ensuring a clearer underpinning legislative framework for HIW will help to foster closer integration and joint working with CSSIW and at the very least this should be taken forward.

What do you think of this proposal?

Response: We would support a clearer legislative framework if it will improve joint working and integration of HIW and CSSIW as is indicated in the proposals.

Are there any specific issues you would want us to take into account in developing these proposals further?

Response: We have no further issues to raise.

However we also believe there could be merit in considering a new body for example, a Welsh Government Sponsored Body to provide more independence in regulation and inspection and citizen voice.

Would you support such an idea?

Response: We will need to have more information regarding this proposal to inform a considered College position.

From the outline of the proposal provided, we would have concerns about how to guarantee full operational independence of a single, government sponsored body, which may also introduce new costs in its establishment.

A clearer legislative framework to improve the integration of HIW and CSSIW would be preferable.

What issues should we take into account if this idea were to be developed further?

Response: We have no further comments based on the limited information about this proposal.

References

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- ⁶ Watt, T and Roberts, A. [The Path to sustainability. Funding projections for the NHS in Wales to 2019/20 and 2030/31](#). Health Foundation. October 2016
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